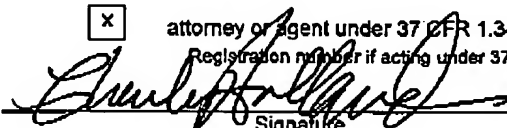


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PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 373722002400	
Application Number 10/085,885		Filed February 27, 2002	
For MICROFLUIDIC CONTROL FOR WAVEGUIDE OPTICAL SWITCHES, VARIABLE ATTENUATORS, AND OTHER OPTICAL DEVICES			
Art Unit 2874		Examiner K. Wood	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$120	\$60
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$450	\$225
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1020	\$510
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1590	\$795
<input type="checkbox"/>		\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this check. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input type="checkbox"/>	attorney or agent of record. Registration Number _____	
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>35,196</u>	
			<u>June 27, 2005</u>
	Signature		Date
	<u>Charles D. Holland</u>		<u>(650) 813-5832</u>
	Typed or printed name		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.		

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